

HIV/AIDS: A Nontraditional Security Threat for AFRICOM

A Monograph

by

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Abstract

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The purpose of this study is to analyze the effectiveness of the militaries of southern Africa given the nature of the HIV/AIDS epidemic and the complexities through which African Command must navigate. This study will draw on the research of the HIV/AIDS epidemic and its effect on the effectiveness of the militaries of southern Africa, leaning heavily on the research of Stefan Elbe and a small cadre of associated scholars that focused their academic attention on this specific issue. Prior to the discussion of the effect the epidemic has on the militaries, this study discusses the military effectiveness, utilizing the model of effectiveness prescribed by Allan Millett, Williamson Murray, and Kenneth Watman in their article, "The Effectiveness of Military Organizations." The paper then analyzes the discussion of HIV/AIDS as a security issue, focusing on the scholarship of Stefan Elbe and Barry Buzan in this matter. The study then focuses on the regional implications of the epidemic and its effect on the militaries of southern Africa before moving on to the international ramifications of the epidemic. The last analysis this paper offers is a discussion of the U.S. national interests in southern Africa and the ramifications of the effects of HIV/AIDS on U.S. national security policies. The study shows that the current U.S. national security policies do not adequately address the security interests of the U.S. with regard to southern Africa. Specifically, the U.S. fails to adequately address the impacts of the HIV/AIDS epidemic on the effectiveness of the militaries of southern Africa and the epidemics ramifications on the national security interests of the U.S.

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Introduction

The HIV/AIDS [Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome] pandemic has become a humanitarian and human security issue of almost unimaginable magnitude, representing one of the most pervasive challenges to human well-being and survival in many parts of the world.¹

That Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is an epidemic of immense proportions is indisputable; it has infected over 30 million people worldwide and killed over 25 million people in the last thirty years.² That the United States (U.S.) feels a moral imperative to help the affected people of the region is also not in doubt; the U.S. Congress committed over \$15 billion over the next 5 years to mitigate the consequences of the raging epidemic.³ What is in doubt is whether HIV/AIDS is a security issue and how the newest U.S. geographic combatant command should deal with the epidemic.

This paper postulates that the current spread of HIV/AIDS is an epidemic that threatens the regional effectiveness of the militaries of southern Africa. If this holds to be true, then the U.S., through the newest geographic combatant command, Africa Command (AFRICOM), must work within the international framework that already exists in southern Africa, namely the African Union (AU), the United Nations (UN), and the Southern African Development Community (SADC) to formulate a plan that will provide the basis for a successful long-term contemporary strategy to contain the threat of HIV/AIDS within African militaries and enhance stability in southern Africa. Threats to the effectiveness of these militaries are detrimental to the regional stability of southern Africa because of the role the militaries play as peacekeeping forces within national boundaries and throughout the region. An instable

¹Stefan Elbe, "HIV/AIDS and the Changing Landscape of War in Africa," *International Security* 27, no. 2 (Fall 2002): 159, <http://www.stefanelbe.com/resources/ElbeRIPSussex.doc> (accessed 3 March 2008).

²Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), *2007 AIDS Epidemic Update*, December 2007, http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf (accessed 2 January 2008).

³Office of the U.S. Global AIDS Coordinator, *The Power of Partnerships: The U.S. President's Emergency Plan for AIDS Relief, 2008 Annual Report to Congress*, <http://www.pepfar.gov/documents/organization/100029.pdf> (accessed 12 February 2008).

southern Africa threatens the security of the international community through the rise of ungoverned spaces and increased requirements for other nations to contribute forces to peacekeeping or peace-enforcement operations.

While the majority of the research on HIV/AIDS as detailed in this monograph shares much commonality, the academic work is less deep on whether HIV/AIDS is a security issue. The academic world has so far failed to address whether or how AFRICOM should deal with HIV/AIDS in southern Africa. Of note, the issue does not even fall within the purview of AFRICOM. Rather, it currently falls into the lane of the Department of State, specifically the Office of the Global AIDS Coordinator. This must change. As the regional combatant commander, responsible to the President of the United States for the security interests of the U.S. in a given region, the AFRICOM Commander must address the effects of HIV/AIDS within the militaries, and the society writ large, as a national security issue of the utmost importance on the sub-continent.

Imagine for a moment that internal conflict breaks out in Zimbabwe--a country roughly the size of Montana with a population equal to that of Los Angeles and New York City combined--with a suspected HIV/AIDS prevalence rate in its military of over 50 percent.⁴ The violence becomes so acute that the President of Zimbabwe turns to the military to keep the peace. The military, however, is unable to effectively mobilize, deploy, and operate within the boundaries of the country due to its high prevalence rates that increases absenteeism and decreases total workload capability, along with a host of other negative consequences.

If AFRICOM, and the entire U.S. national security establishment, understood the tactical and operational implications of HIV/AIDS on military effectiveness, AFRICOM, through its Theater Security Cooperation Program (TSCP), would have been conducting foreign internal defense (FID) training

⁴Infoplease, Website, Top 50 Cities in the U.S. by Population and Rank, www.infoplease.com/ipa/A0763098.html (accessed 1 April 2008).

missions with the country's military. These military programs would have identified absenteeism, decreased workload, and the other negative effects of HIV/AIDS and enabled the command to focus its operations on countering the negative impact of HIV/AIDS at the tactical and operational level within the Zimbabwean military. This is analogous to the work that other geographic combatant commanders conduct within their areas of responsibility, identifying current and future issues within the military and working at the tactical, operational, and strategic levels of the military establishment to improve the effectiveness of those fighting forces. As a result, with the support of AFRICOM and the international community, Zimbabwe would have been able to overcome the massive impacts of the epidemic on the tactical and operational levels of its military.

Unfortunately, AFRICOM did not rise to the occasion and the conflict raged on. The AU asked South Africa, as a neighbor and leader amongst the nations of sub-Saharan Africa, to lead the peacekeeping mission. However, South Africa could not deploy all the forces required because the political and strategic affects of the HIV/AIDS epidemic devastated its military. Its equipment was old and in disrepair, poor benefits had driven promising recruits and officers from the service, and the recruiting pool of able-bodied South Africans had shrunk. Additionally, the South African Military Health Service could not deploy troops for stability operations because the South African government was using all its available medical resources at home to fight the epidemic within its borders.

Again, AFRICOM's failure to understand the tactical, operational, strategic, and political effects of the epidemic on the military establishment of the countries over which it watches enabled the epidemic to increase its negative impact and spill across the borders into a regional security issue. The instability in Zimbabwe spread to South Africa; this created regional instability in southern Africa. The AU, still less than ten years old, faced a regional crisis that could quickly spread like the virus itself across the continent. AFRICOM, now still less than three years old, faced its first truly regional crisis. If only AFRICOM had begun to act on the HIV/AIDS epidemic as a security issue when it first became

operational, the strategic and political solutions to the negative consequences of the HIV/AIDS epidemic on military effectiveness would be in place or working to mitigate regional instability.

The regional instability of southern Africa involving South Africa quickly escalates to an international crisis as the members of the AU realize the precarious situation of one of the regional hegemonies on the continent; the South African economy is the largest on the continent and one of the top 25 largest worldwide. The economic base of southern Africa and one of the pillars of the African economy collapses, leaving the international community aghast at the second and third order effects of the HIV/AIDS epidemic. The U.S. and the international community quickly react; committing billions of dollars more than the Presidents Emergency Plan for AIDS Relief (PEPFAR). Unfortunately, the U.S. populace does not support a large-scale deployment of military forces to a region facing devastation at the hands of regional conflict. By investing throughout the region in the areas of military effectiveness of southern Africa nations at the tactical, operational, strategic, and political levels, AFRICOM could have mitigated this crisis and restored the image of the U.S.

Review of the Literature

There are only a handful of researchers that have looked into the question of HIV/AIDS and its affect on militaries, especially the militaries of sub-Saharan Africa. This is true for multiple reasons: (1) the apparent unimportance of sub-Saharan Africa in the eyes of the world; (2) the confidential nature of the epidemic when researched within the military of a nation; (3) the difficulty in researching a socially unacceptable disease in third-world nations; and (4) the difficulty in merely researching the cause-and-effect relationship between HIV/AIDS and military effectiveness.

There are four major researchers whose works concern the HIV/AIDS epidemic, military effectiveness, and the militaries of sub-Saharan Africa. Stefan Elbe's research straddles the intersection of HIV/AIDS and military effectiveness and the framework of security studies and the definition of security issues. Lindy Heinecken's writings offer interesting insights because she writes from the point of view of one who is directly affected by the negative impact of the epidemic on national military effectiveness.

Alex De Waal, along with Alan Whiteside, is a noted researcher and writer on HIV/AIDS and security issues and brings tremendous gravitas to the field. John Sagala is new to the field, but his writings blend greatly with the proposed research question.

Elbe's writings present the greatest breadth of work concerning the epidemic and its affect on the militaries of sub-Saharan Africa. Additionally, he focuses several academic articles on the issue of securitization of the epidemic and possible alternatives to this point of view. While Elbe's writings served as the origin for the thoughts of this paper, he stops short of asserting a role for the U.S. vis-à-vis its African Command in an international solution that focuses on the security concerns of the epidemic and its consequences on the militaries of southern Africa.

Although Lindy Heinecken is another of the contemporary researchers concerned with the consequences of the epidemic on the militaries of southern Africa, she stands alone with a unique perspective on the issue. She currently serves as the Deputy Director of the Center for Military Studies at the South African Military Academy. Her proximity to the issue, when viewed within the lens of her academic research, lends specific gravity to her discussions of the problem. She focuses her writings on the consequences of the epidemic on the militaries of sub-Saharan Africa, South Africa in particular, although her writings lack the focus on the greater issue of securitization that Elbe discusses.

Alex De Waal and Alan Whitehead bring years of research and academic thought to the issue of HIV/AIDS. However, they stop short of addressing the issue within the framework of international security. One of the key articles De Waal and Whitehead published was a counter argument to the discussion of HIV/AIDS and its impacts on the military.⁵ This is a key discussion because it helps to counter-balance the points of view of the researcher and academics that are seeking to prove the causality of the negative consequences of the HIV/AIDS epidemic.

⁵Alan Whiteside, Alex De Waal, and Tsadkan Gebre-Tensae, "AIDS, Security, and the Military in Africa: A Sober Appraisal," *African Affairs* (January 2006): 201.

John Sagala is a relative newcomer to this field of research; he is currently a doctoral candidate in political science at Northern Arizona University. His writings serve to fuse Elbe and Heineken's work, highlighting the consequences of the epidemic on sub-Saharan African militaries on military effectiveness. Sagala introduced the use of the Millett model of effectiveness into the debate, but, like the others in the field, he stops short of discussing possible solutions to the problem, including the role of the U.S. and its new, AFRICOM.

Allan Millett, Williamson Murray, and Kenneth Watman in their article, "The Effectiveness of Military Organizations," offer a valuable way to look at military effectiveness. Even though the article was published in 1986, it serves as a timeless analysis of military effectiveness, which encompasses the ability of a state to raise, deploy, and sustain an armed military force in support of the political objects of the state.⁶ Millett, Williamson, and Watman identify military effectiveness as "the process by which armed forces convert resources into fighting power."⁷ However, they warn that one must not view military effectiveness through the limited lens of tactical warfare. Rather, they suggest that military effectiveness must be viewed in a holistic manner, encompassing human resources, training, leadership, and other immaterial matters such as élan and fighting spirit.⁸ As such, Millett, Murray, and Watman discuss four levels of military effectiveness as they relate to the internal and external factors that influence military forces: political, strategic, operational, and tactical.

A myriad of organizations are concerned with the HIV/AIDS epidemic, but there is no organization that specifically addresses the consequences of HIV/AIDS in militaries. This is due to an analytical failure of international organizations to understand the implications of the epidemic, the importance of the militaries in southern African nations, and the ability of the U.S. to work within the

⁶Allan R. Millett, Williamson Murray, and Kenneth H. Watman, "The Effectiveness of Military Organizations," *International Security* 11, no. 1 (Summer 1986): 37.

⁷Ibid.

⁸Ibid.

international community to address this issue. The organizations do, however, see causal links between the epidemic and major social and national ills.⁹ If the issue is addressed holistically, the individual, social, and national consequences of the epidemic will reveal issues with the military and the security implications of the epidemic.

Just as there are a myriad of organizations, there are multiple publications from the various agencies within the U.S. government. Chief among these agencies are the U.S. Department of State, the Department of Defense (DOD), and the National Security Council (NSC). Each of these agencies publishes a strategic document: the NSC publishes the *National Security Strategy*; DOD publishes the *National Military Strategy (NMS)*; and the State Department publishes the *Department of State and Agency for International Development (USAID) Strategic Plan for Fiscal Years 2007 to 2012*. The primary analytic failure of the U.S. government agencies is their failure to include HIV/AIDS within the framework of American national security issues. This failure is stark when one looks at the State Department's Office of Global AIDS Coordinator's Overview on the PEPFAR. The PEPFAR overview actually declares AIDS as a national security issue, but this claim is unsubstantiated through the width and depth of the U.S. government.

This discrepancy serves as one of the major motivating factors behind this paper. Fundamentally, one must ask what the U.S. should consider to be a security issue. Given the literature on the subject, this paper will make the correlative argument that the HIV/AIDS epidemic has negative impacts on the military effectiveness of southern African militaries. The consequences of these effects form the nucleus of a security threat that AFRICOM must address.

The literature concerning HIV/AIDS and military effectiveness is not as thorough as one would like, however, this paper will seek to paint the picture that there is a definite causal relationship between

⁹Clive Bell, Shantayanan Devarajan, and Hans Gersbach, "The Long-Run Economic Costs of AIDS: Theory and an Application to South Africa," June 2003, <http://www.cgdev.org/doc/event%20docs/MADS/Devarajan%20paper.pdf> (accessed 3 March 2008).

HIV/AIDS and military effectiveness in sub-Saharan Africa. While Dr. W. Lawrence Neuman discusses the idiosyncratic objectives that philosophers have to causality in his book, *The Basics of Social Research*, it does hold that the three preconditions he offers are present in the research: temporal order, association, and the elimination of a plausible alternative.¹⁰ As it stands, the new American combatant command, AFRICOM, will face the challenge of HIV/AIDS and the deleterious effects it has on African militaries.

Theory Section

The current spread of the HIV/AIDS epidemic threatens the regional effectiveness of the militaries of southern African.¹¹ Threats to the effectiveness of these militaries are detrimental to the regional stability of southern Africa because of the significant role the militaries play as peacekeeping forces within the state boundaries, throughout the region, and its role as the instrument of hard power for the state.¹² An instable southern Africa threatens the security of the international community through the rise of ungoverned spaces and increased requirements for other nations to contribute forces to peacekeeping or peace-enforcement operations. The U.S., through the newest geographic combatant command AFRICOM, must work within the international framework that already exists in southern Africa, namely the AU, the UN, and the SADC to formulate a plan that will provide the basis for a successful long-term contemporary strategy to contain the threat of HIV/AIDS within African militaries and enhance stability in southern Africa.

AFRICOM formally began operations on 1 October 2007, and will focus attention on the African continent. Its charter emanates from the 2002 U.S. *National Security Strategy* (NSS) maxims of

¹⁰W. Lawrence Neuman, *The Basics of Social Research: Qualitative and Quantitative Approaches* (New York: Pearson/Allyn and Bacon, 2006), 35.

¹¹Lindy Heineken, "Living in Terror: The Looming Security Threat to Southern Africa," *African Security Review* 10, no. 4 (2001), <http://www.iss.co.za/ASR/10No4/Heineken.html> (accessed 23 April 2008).

¹²Joseph S. Nye Jr., "The Decline of America's Soft Power," *Foreign Affairs* (May/June 2004), <http://www.foreignaffairs.org/20040501facomment83303/joseph-s-nye-jr/the-decline-of-america-s-soft-power.html> (accessed 1 April 2008).

“preserving human dignity” and “combating global terror.” Unfortunately, the predecessor to that document, the 2006 *NSS* regresses and fails to address the strategic importance of southern Africa, except in terms of the Global War on Terror, and fails to address the HIV/AIDS epidemic as a security issue. Rather, the 2006 *NSS* refers the reader to the State Department’s *President’s Emergency Plan for AIDS Relief*. The 2002 *NSS* articulates a three-pronged approach to Africa:

1. Key countries in Sub-Saharan Africa--South Africa, Nigeria, Kenya, and Ethiopia--require focused attention,
2. It is imperative to work within the international framework and with our European allies,
3. The regional organizations and developing states in Africa must be strengthened.¹³

The main issue AFRICOM will struggle with will be how to focus resources in order to accomplish the objectives the *NSS* establishes. The difficulty of that problem increases given the limited resources of national power, specifically the military means of power, over which the command actually has control. The DOD designed AFRICOM to enable more productive interagency coordination with the non-military elements of U.S. national power in order to support the African continent “to achieve a more stable environment in which political and economic growth can take place.”¹⁴

Although AFRICOM is a new organization and is attempting to synthesize the interagency process for the geographic combatant commander, the Unified Command Plan lays out the context by which the commander will operate.¹⁵ Specifically, the geographic combatant commanders, in accordance with Joint Publication 1.0, conduct “military engagement, security cooperation, and deterrence activities [that] encompass a wide range of actions where the military instrument of national power is tasked to

¹³The White House, *The National Security Strategy of the United States of America 2002* (Washington, DC: Government Printing Office, 2002), 10-11, <http://www.whitehouse.gov/nsc/nss.pdf> (accessed 23 April 2008).

¹⁴General William E. “Kip” Ward, Commander, United States Africa Command, “U.S. Africa Command,” <http://www.africom.mil/AboutAFRICOM.asp> (accessed 5 January 2008).

¹⁵Chairman, Joint Chiefs of Staff, Joint Publication 1, *Doctrine for the Armed Forces of the United States* (Washington, DC: Government Printing Office, 14 May 2007), I-10.

support OGAs [Other Government Agencies] and cooperate with IGOs [International Government Organizations] (e.g., UN, NATO) and other countries to protect and enhance national security interests.”¹⁶

Of note, geographic combatant commanders--who are responsible to the U.S. National Command Authority for military operations within a given geographic region of the world--are authorized to conduct such operations as nation assistance, defined as operations to “support the HN [Host Nation] by promoting sustainable development and growth of responsive institutions.” Nation Assistance is a tool that the AFRICOM Commander has at his disposal to promote long-term regional stability. Other missions, such as foreign internal defense (FID) or security assistance are core missions the combatant commander oversees in conjunction with the U.S. ambassador’s specific country plan. Humanitarian and Civil Assistance (HCA) missions, while often discussed as a prerequisite to operations in Africa, are not a miracle cure and are more difficult for the geographic combatant commander to utilize because they are governed by Title 10 of the *United States Code*, which identifies the role and responsibility of the military in the U.S. government.¹⁷ As such, the particular services of the military (Army, Air Force, Navy, and Marines) must approve and fund those specific HCA missions.

One of the many issues facing AFRICOM will be the effectiveness of southern African militaries and their ability to conduct peacekeeping and peace-enforcement operations within the borders of their own nations and throughout the African continent. Although little substantive research exists on HIV/AIDS rates in African militaries, there is an assumption that they are at least equal to, if not greater than, those of like populations of the African nations.¹⁸ This assumption is significant because Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that the adult prevalence of HIV/AIDS in

¹⁶Ibid., VII-1.

¹⁷Cornell University Law School, U.S. Code Collection of the Legal Information Institute, <http://www.law.cornell.edu/uscode/10> (accessed 2 April 2008).

¹⁸Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 163.

all but one of the countries routinely accepted as part of the geographic region of southern Africa to be between 20 and 35 percent.¹⁹ HIV/AIDS has the potential to have devastating impacts on the effectiveness of militaries, specifically the physical and psychological degradation of individual soldiers that has the potential to lead to decreased national and regional stability, increased vulnerability of ungoverned spaces to extremism, and increased requirements for non-AU militaries to conduct peacekeeping and or peace-enforcement operations (PKO/PEO).²⁰

HIV/AIDS is quite widespread among the armed forces of many of the nations of southern Africa. In fact, the militaries often “have a significantly higher HIV/AIDS rate than the civilian population.”²¹ This is true for a variety of reasons: soldiers range in age from 18 to 49 which places them in an age demographic that is sexually active; soldiers are often away from home on deployments and assignment; soldiers engaged in risky sexual behavior; soldiers have increased opportunity for sexual contact with prostitutes and the local population; and soldiers often seek to relieve themselves from the stresses of combat and military operations through sexual conduct.²² Additionally, soldiers in a combat environment stand an increased chance of viral transmission through infected needles and blood

¹⁹Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO), *2007 Sub-Saharan Africa, AIDS Epidemic Update* (Geneva, Switzerland, December 2007), 1-9, http://data.unaids.org/pub/Report/2008/jc1526_epibriefs_ssafrica_en.pdf (accessed 4 April 2008).

²⁰While the distinction between PKO and PEO may not be germane to this paper, it is worth defining the two terms. From JP 1-02, peace enforcement is the “application of military force, or the threat of its use, normally pursuant to international authorization, to compel compliance with resolutions or sanctions designed to maintain or restore peace and order.” Peacekeeping is defined thusly, “military operations undertaken with the consent of all major parties to a dispute, designed to monitor or facilitate implementation of an agreement . . . and support diplomatic efforts to reach a long-term political settlement.” Chairman, Joint Chiefs of Staff, Joint Publication 1-02, *Department of Defense Dictionary of Military and Associated Terms* (Washington, DC: Government Printing Office, 12 April 2001, as Amended through 12 October 2007), 410.

²¹Robert Feldman, “Problems Plaguing the African Union Peacekeeping Forces,” Foreign Military Studies Office, Fort Leavenworth, KS, 17.

²²Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 163.

products.²³ Not only do these risk factors place soldiers at risk for HIV/AIDS, but it also places them at risk for other sexually transmitted diseases that can increase their risk for HIV/AIDS.

While it is difficult to obtain accurate numbers because of the extremely sensitive nature of this information and its relationship to national security, the U.S. National Intelligence Council in its report, *The Global Infectious Disease Threat*, estimates, “Sub-Saharan Africa will remain the region most affected by the global infectious disease phenomenon--accounting for nearly one-half of infectious disease-caused deaths worldwide.”²⁴ Elbe notes that these estimates were provided by the U.S. Defense Intelligence Agency and there is no information as to the source of the information, whether it is based on actual testing or anecdotal evidence.²⁵ Lindy Heinecken, the Deputy Director for the South African Center for Military Studies, published an article shortly after the terrorist attacks of 11 September 2001, “Living in Terror: the Looming Security Threat to Southern Africa,” which cites South African defense intelligence community estimates on the prevalence rates in southern African militaries.²⁶

HIV/AIDS has decimated all segments of society in southern Africa, from agriculture to education to government.²⁷ With such staggering estimates, it is self-evident that the militaries of these nations will be affected in various ways, specifically relating to their ability to conduct missions in support of the national security strategy of their sovereign states. Those ineffective militaries, in turn, negatively impact the national security of those states because, “military organizations are anchors of

²³John Kemoli Sagala, “HIV/AIDS and the Military in Sub-Saharan Africa: Impact on Military Organizational Effectiveness,” *Africa Today* 53, no. 1 (Fall 2006): 67.

²⁴United States National Intelligence Office for Economics and Global Issues, NIE 99-17D, “The Global Infectious Disease Threat and Its Implications for the United States” (January 2000): 24, <http://www.fas.org/irp/threat/nie99-17d.htm> (accessed 8 January 2008).

²⁵Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 163.

²⁶Heinecken, “Living in Terror.”

²⁷Alex De Waal, “How Will HIV/AIDS Transform African Governance?” *African Affairs*, 102 (January 2003): 1, <http://proquest.umi.com/pqdweb?index=0&did=423551961&SrchMode=1&sid=1&Fmt=10&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1207181273&clientId=5094> (accessed 23 March 2008).

national security, nation building, and good governance.”²⁸ Specifically, the epidemic affects each of the four levels of military effectiveness that Millett, Murray, and Watman identified: political, strategic, operational, and tactical.²⁹ After briefly defining military effectiveness, this section of the paper will examine the impact of the HIV/AIDS epidemic on all four levels of effectiveness and then turn to consequences of ineffective militaries on the national security of the states of southern Africa.

Not only is it essential to understand the realities within which a geographic combatant command operates, it is important to formulate long-term, comprehensive strategies that address not only the symptoms but the root causes of the issues within their purview. While this paper stops short of offering a comprehensive strategy to deal with HIV/AIDS within the military of southern African nations, it will illustrate that in order to offer workable solutions to this problem set, the national security apparatus of the U.S. must first understand the threat in terms of security.

Research Methods

The genesis of this paper stems from an issue that currently falls through the seams of the publications of various national security, foreign policy, and international organizations. Despite a large volume of information published on AIDS and its effects, the national security community has focused little attention on the newest geographic combatant command, AFRICOM. This research will seek to determine if HIV/AIDS poses a threat to the effectiveness of the military forces of southern African nations; and, if so, if it negatively impacts the region and the security interests of the U.S.

This study focuses on the ten countries of southern Africa: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe (see figure 1).

²⁸Sagala, “HIV/AIDS and the Military in Sub-Saharan Africa,” 54.

²⁹Millett et al., 37.

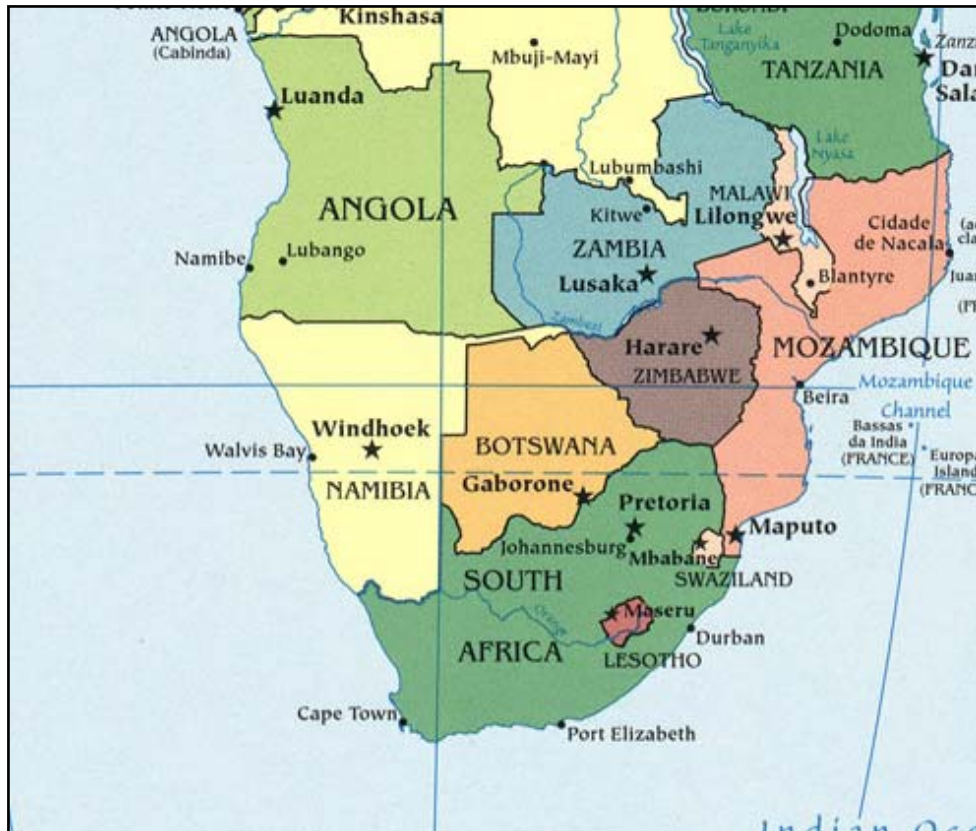


Figure 1. Map of Southern Africa

Source: University of Texas Libraries, The University of Texas at Austin, http://www.lib.utexas.edu/maps/africa/africa_pol_2007.jpg (accessed 4 April 2008).

This is not to suggest that HIV/AIDS may not be a threat to the military forces of other nations in Africa or vital U.S. security interests in other regions of Africa. Rather this focus serves merely to orient on a region of the world where HIV/AIDS is of the utmost importance, and this level of importance is based on an assessment of prevalence rates, security interests, and the importance of the region to the continent as a whole.

This study defines the nature of the HIV/AIDS threat as it relates to the militaries of the southern African nations. It will describe the nature of the threat through research of applicable medical publications, recent academic publications concerning southern Africa and their militaries, current national security documents, as well as research of the documents of international organizations such as the UN and the AU as it pertains to HIV/AIDS, peacekeeping, and peace-enforcement operations.

This study will utilize the model of military effectiveness offered by Millett, Murray, and Watman in their article, “The Effectiveness of Military Organizations.” It outlines four levels of military effectiveness: political, strategic, operational, and tactical and defines military effectiveness as, “the process by which armed forces convert resources into fighting power.”³⁰ This model allows a framework from which to assess the impact of HIV/AIDS on the militaries of southern African militaries.

From that baseline, this monograph first seeks to understand through a case study methodology if HIV/AIDS poses a threat to southern African militaries; in research terminology, AIDS is the independent variable. Based on the nature of the research question, no experiment--in the strictest sense--is possible. Rather, this paper will exploit the research of the leading academics in the HIV/AIDS and international security fields. Specifically, this paper will utilize the Millett, Murray, and Watman model to understand the effects of the epidemic at the individual, collective, and national level within the armed forces of the nations of southern Africa. The dependent variable for this research project is the effectiveness of the militaries in terms of Millett’s model. After this paper determines the whether HIV/AIDS poses a threat to the militaries of southern African nations, it will move to address the effects of that threat on the region.

In order to evaluate the threat posed by HIV/AIDS towards the security interests of the U.S., it is first necessary to situate the threat of the epidemic within the framework of international security. There is much debate within the international security community over what should be considered security issues and this debate is germane to the discussion of HIV/AIDS, and this issue serves to introduce the discussion of HIV/AIDS as a threat to regional and international security. This paper will scrutinize the inclusion of HIV/AIDS, a non-traditional security issue, within the framework of security studies. To accomplish this, the paper will use Barry Buzan, Ole Waever, and Japp de Wilde’s influential study, *Security: A New Framework for Analysis*, the synthesis of HIV/AIDS, and Buzan’s study by Stefan Elbe.

³⁰Ibid.

Once the epidemic is situated within the framework of international security, this paper can move to understand the implications of this study in relationship to the U.S. national security and AFRICOM.

Finally, this paper will discuss whether the epidemic is a security threat to the U.S. It will, in essence, determine what the epidemic means, or should mean, to the U.S. in terms of its national security strategy. By using the language of the 2002 and 2006 NSS, this paper will illustrate the security interests of the U.S. as they pertain to HIV/AIDS and southern Africa and where those stated interests fall short of adequately addressing the nature of the epidemic. This examination of the threat in terms of the current NSS might enable AFRICOM to better understand the requirements within its area of responsibility (AOR) concerning the non-traditional security threat that the HIV/AIDS epidemic represents.

The intent of this monograph is not to denigrate the capability of the armed forces of these sovereign nations but to indicate that there are second and third order effects that need to be addressed in this region by the sovereign nation, the U.S. through AFRICOM, and the international community writ large. This paper will highlight those effects as it progresses.

HIV/AIDS as a Threat to the Militaries of Southern Africa

What is HIV/AIDS?

The UNAIDS Epidemic Update for 2007 reports that southern Africa, as a sub-region of sub-Saharan Africa, “accounts for 35% of all people living with HIV and almost one third (32%) of all new HIV infections and AIDS deaths globally in 2007.”³¹ In order to understand the effects of HIV/AIDS on national and regional security in southern Africa, one must first understand what HIV/AIDS is, what it is not, and what effects it has on the individual, the community, and the society at large.

³¹Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), *2007 AIDS Epidemic Update*, 8.

Although this paper uses the more familiar, shortened form of HIV/AIDS, HIV and AIDS are two distinct, though related, medical conditions. HIV is the abbreviation for the Human Immunodeficiency Virus; it affects the immune systems of humans and can lead to Acquired Immunodeficiency Syndrome (AIDS). AIDS is the medical term used to refer to the collection of infections and symptoms that are the result of the infection of a person by the HIV.³²

HIV infections are the result of a transmission of infected bodily fluid from one individual to another, for example the transfer of infected blood, semen, vaginal fluid, pre-ejaculate, or breast milk. There are four major means of transmission: unprotected sexual intercourse, contaminated needles or blood, breast feeding, and transmission from a mother to her baby at birth.³³ Transmission through transfusion of infected blood products and unsafe medical injections, while originally a major source of transmissions, has been eliminated in large part in the developed world, but remains an issue in other areas of the world, to include southern Africa.³⁴ While the transmission of HIV from a mother to her child is a tragic story, it is not one this monograph will explore. Rather, this paper will focus on the transmission of HIV through unprotected sexual contact, contaminated needles, and the remaining threat of transmission through infusion (see figure 2).

³²United States Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases, "HIV Infection and AIDS: An Overview," October 2007, <http://www.niaid.nih.gov/factsheets/hivinf.htm> (accessed 8 January 2008).

³³Ibid.

³⁴Rebecca F Baggaley, Marie-Claude Boily, Richard G. White, and Michel Alary, "Risk of HIV-1 Transmission for Parenteral Exposure and Blood Transfusion: A Systematic Review and Meta-Analysis," *AIDS* 20, no. 6 (May 2006), <http://www.medscape.com/viewarticle/531696> (accessed 5 January 2008).

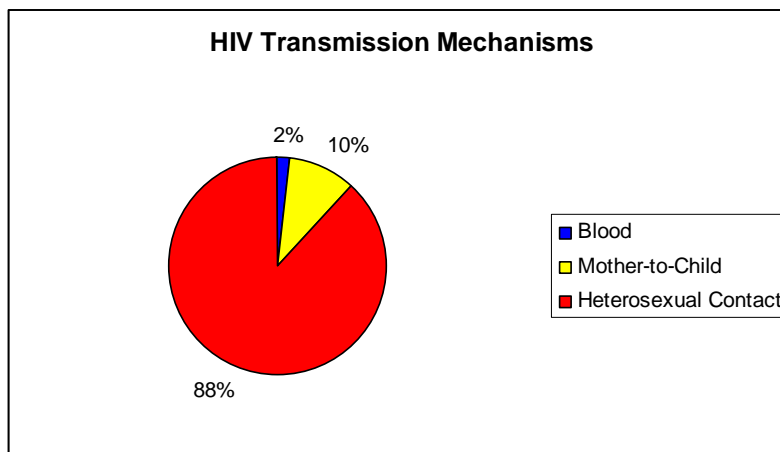


Figure 2. HIV Transmission Mechanisms

Source: The Policy Project for Bureau of Africa, Office of Sustainable Development, United States Agency for International Development (USAID), “HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions,” (October 2001), 6. <http://www.policyproject.com/pubs/countryreports/SoAf10-01.pdf> (accessed 12 February 2008).

Although the percentage of the world’s adult population living with HIV (HIV prevalence rate) has stabilized since 2001 and the prevalence rates of sub-Saharan Africa have actually decreased in the same time period, UNAIDS estimates that sub-Saharan Africa, of which southern Africa constitutes the majority of population, has a prevalence of between four and five percentages greater than the global rate of prevalence.³⁵ Specifically, according to the 2007 UNAIDS estimate, seven out of the ten countries chosen for this case study represent the seven leading countries in terms of HIV prevalence.³⁶

The greatest risks of infection with HIV to adult males in southern Africa are certain sexual behaviors: including multiple partners, failure to use a condom during sex, and lower age at sexual debut. Exposure to non-sterile drug-injecting equipment and exposure to infected blood are additional risks, but trail traditional risky sexual behavior as factors of viral transmission. In the first two to four weeks after

³⁵Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). *2007 AIDS Epidemic Update*, 5.

³⁶*Ibid.*, 11.

infection, the majority of infected individuals (over 75 percent) develop acute HIV infection, which is a mononucleosis or influenza-like illness that may present itself with symptoms including fever, lymphadenopathy, pharyngitis, rash, myalgia, malaise, mouth and esophageal sores. Additional, but less common symptoms include headache, nausea and vomiting, enlarged liver/spleen, weight loss, thrush, and neurological symptoms.³⁷ Diagnosis of HIV is difficult because infected individuals may experience all, some, or none of these symptoms during their acute HIV infection, and this phase may last as short as one week or as long as one month. Quick diagnosis is difficult but essential to slowing the spread of HIV, because the virus is at its most infectious point during this seven to twenty-eight day period.³⁸ Figure 3 illustrates the HIV incubation period.

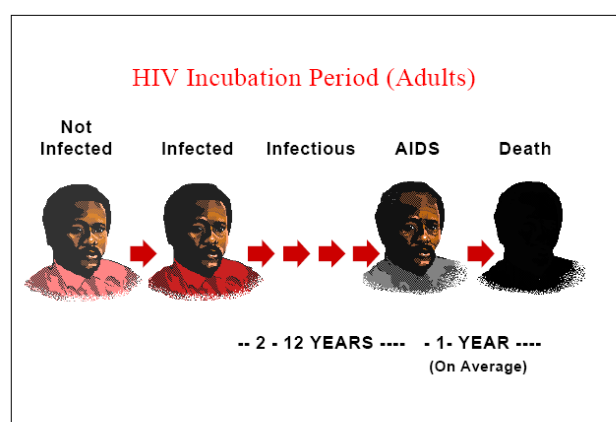


Figure 3. HIV Incubation Period

Source: The Policy Project for Bureau of Africa, Office of Sustainable Development, United States Agency for International Development (USAID), "HIV/AIDS in Southern Africa: Background,

³⁷J. O. Kahn, and B. D. Walker, "Acute Human Immunodeficiency Virus Type 1 Infection," *New England Journal of Medicine* 339, 1 (2 July 1998), <http://content.nejm.org/cgi/content/extract/339/1/33> (accessed 6 January 2008).

³⁸Eric S. Daar, MD; Susan Little, MD; Jacqui Pitt, RN; Joanne Santangelo, NP; Pauline Ho, MD; Nina Harawa, MPH; Peter Kerndt, MD; Janis V. Giorgi, Ph.D.; Jiexin Bai, MD; Paula Gaut, MD; Douglas D. Richman, MD; Susan Mandel, MD; and Stephen Nichols, MD, for the Los Angeles County Primary HIV Infection Recruitment Network, "Diagnosis of Primary HIV-1 Infection," *Annals of Internal Medicine* 134, 1 (2 January 2001), <http://www.annals.org/cgi/reprint/134/1/25.pdf> (accessed 6 January 2008).

Projections, Impacts, and Interventions,” (October 2001), 7. <http://www.policyproject.com/pubs/countryreports/SoAf10-01.pdf> (accessed 12 February 2008).

In the long term, as HIV leads to AIDS in infected individuals, the disease, as characterized by the World Health Organization (WHO) progresses from minor symptoms to major immunological complications:

1. Primary HIV Infection: acute retroviral syndrome; often goes undiagnosed
2. Clinical Stage 1: includes noncancerous, swelling of lymph nodes
3. Clinical Stage 2: includes recurrent upper respiratory tract infections and other maladies
4. Clinical Stage 3: includes unexplained chronic diarrhea for longer than a month, severe bacterial infections and pulmonary tuberculosis
5. Clinical Stage 4: includes toxoplasmosis of the brain, candidiasis of the esophagus, trachea, bronchi or lungs and Kaposi’s sarcoma; these diseases are indicators of AIDS.³⁹

All bodily organs are within reach of AIDS as it breaks down the immune system of an infected individual. Major medical problems that can result from AIDS include (but are not restricted to) pneumonia, tuberculosis, toxoplasmosis, and Kaposi’s sarcoma--a malignant cancer that presents itself as purplish nodules on the skin of infected individuals.⁴⁰

³⁹World Health Organization, Regional Office for Europe, Sexually Transmitted Infections/HIV/AIDS Programme, “WHO/EURO Report of the Technical Consultation on the Clinical Staging of HIV/AIDS and HIV/AIDS Case Definitions for Surveillance,” Copenhagen, Denmark, 24-26 May 2005, <http://www.euro.who.int/document/E87956.pdf> (accessed 29 January 2008).

⁴⁰United States Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases, “HIV Infection and AIDS: An Overview,” October 2007, <http://www.niaid.nih.gov/factsheets/hivinf.htm> (accessed 8 January 2008). While this serves merely as an overview of the opportunistic infections and diseases that are associated with AIDS, there is much scholarly work on these diseases and infections. For more singular, in-depth discussion of these medical conditions, reference: C. Feldman, “Pneumonia Associated with HIV Infection,” *Curr. Opin. Infect. Dis.* 18, no. 2 (2005): 165-170; C. F. Decker, and A. Lazarus, “Tuberculosis and HIV Infection: How to Safely Treat Both Disorders Concurrently,” *Postgrad Med.* 108, no. 2 (2000): 57-60, 65-68; C. Boshoff, and R. Weiss, “AIDS-Related Malignancies,” *Nat. Rev. Cancer* 2, no. 5 (2002): 373-382.

In addition to the catastrophic effects that HIV/AIDS inflicts on the infected individual, HIV/AIDS negatively affects several layers of a given community by affecting the human capital of that population. First and most personally, HIV/AIDS negatively affects the household through increased spending on healthcare.⁴¹ This increased spending is associated with a loss of income due to illness-related absence from work or the inability to work. As a result of the effects of HIV/AIDS, families transition priorities and spending habits away from education and other necessities such as food, shelter, and clothing towards direct means to provide income to the family to offset HIV/AIDS monetary necessities.⁴²

The community and region are also affected by high prevalence rates because the increased mortality rates that accompany HIV/AIDS results in a younger, less skilled labor force. The youth of this labor force leads to reduced productivity, because the work force has less knowledge and work experience.⁴³ Additionally, workers will take more time off to help tend to infected members of their family; this lost time at work also contributes to reduced productivity.⁴⁴ From a governmental standpoint, AIDS, as it kills off young adults between the ages of 15 to 49, weakens the tax base of a community or region, which negatively impacts the money available to a government for public expenditures, for example, education, healthcare for both AIDS and non-AIDS-related matters, and the military.⁴⁵ In addition to killing mostly young adults, AIDS deprives the next generation from resources vital to their transition into the economy. Specifically, “children lose the love, care guidance, and knowledge of one or

⁴¹Clive Bell, Shantayanan Devarajan, and Hans Gersbach, “Thinking About the Long-run Economic Costs of AIDS,” in *The Macroeconomics of HIV/AIDS*, ed. Marcus Haaker (Washington, DC: International Monetary Fund, 2004), 98, <http://www.imf.org/external/pubs/ft/AIDS/eng/index.htm> (accessed 6 January 2008).

⁴²*Ibid.*, 98.

⁴³*Ibid.*, 101.

⁴⁴*Ibid.*, 98.

⁴⁵*Ibid.*

both parents, which plausibly weakens the transmission of knowledge and capacity from generation to generation.”⁴⁶

Are Southern African Militaries at Risk for HIV/AIDS?

“The HIV/AIDS pandemic has already begun to diminish the effectiveness of many of Africa’s armed forces.”⁴⁷ HIV/AIDS is quite widespread among of the armed forces of many of the nations of southern Africa (see table 1). In fact, the militaries often “have a significantly higher HIV/AIDS rate than the civilian population.”⁴⁸ This is true for a variety of reasons: soldiers range in age from 18 to 49 which places them in an age demographic that is sexually active; soldiers are often away from home on deployments and assignment; soldiers engaged in risky sexual behavior; soldiers have increased opportunity for sexual contact with prostitutes and the local population; and soldiers often seek to relieve themselves from the stresses of combat and military operations through sexual conduct.⁴⁹ Additionally, soldiers in a combat environment stand an increased chance of viral transmission through infected needles and blood products.⁵⁰ Not only do these risk factors place soldiers at risk for HIV/AIDS but it also places them at risk for other sexually transmitted diseases that can increase their risk for HIV/AIDS.

While it is difficult to obtain accurate numbers because of the extremely sensitive nature of this information and its relationship to national security, the U.S. National Intelligence Council in its report, *The Global Infectious Disease Threat*, estimates, “Sub-Saharan Africa will remain the region most

⁴⁶Ibid.

⁴⁷Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 163.

⁴⁸Feldman, “Problems Plaguing the African Union Peacekeeping Forces,” 17.

⁴⁹Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 163.

⁵⁰Sagala, “HIV/AIDS and the Military in Sub-Saharan Africa,” 67.

affected by the global infectious disease phenomenon--accounting for nearly one-half of infectious disease-caused deaths worldwide.”⁵¹

Table 1. Country/Estimated HIV AIDS Prevalence Rates in the Military

Country	Estimated HIV/AIDS Prevalence Rates in Military
Angola	50 percent
Botswana	33 percent
Lesotho	40 percent
Malawi	50 percent
Namibia	16 percent
South Africa	15 to 20 percent
Swaziland	48 percent
Zambia	60 percent
Zimbabwe	55 percent

Source: Lindy Heinecken, “Living in Terror: The Looming Security Threat to Southern Africa,” *African Security Review* 10, no. 4 (2001), <http://www.iss.co.za/ASR/10No4/Heinecken.html> (accessed 23 April 2008).

These estimates are relatively conservative, and this owes to the sensitive nature of the information and the cultural stigma attached to HIV positive individuals and to the testing itself. In 2000, Mosiuoa Lekota, the South African defense minister, stated in an interview that 17 percent of South Africa’s Soldiers were HIV positive, although some estimates indicate that the actual number could be as

⁵¹United States National Intelligence Office for Economics and Global Issues, 24.

high as 60 percent.⁵² Other reports estimate that nearly 5,000 of Namibia's 15,000-strong National Defense Force is HIV positive. Additionally, the military forces of Botswana are estimated to have a prevalence rate around 33 percent. Lastly, it is estimated that Malawi and Zambia lead southern Africa with over 75 percent of their military infected.⁵³

What is the Effect of HIV/AIDS on the States of Southern Africa and Their Militaries?

Since HIV/AIDS has decimated all segments of society in southern Africa, from agriculture to education to government, it follows that the militaries of these nations will be affected in various ways, specifically relating to their ability to conduct missions in support of their sovereign states.⁵⁴ Those ineffective militaries, in turn, negatively impact the national security of those states because, "military organizations are anchors of national security, nation building, and good governance."⁵⁵ Specifically, the epidemic affects each of the four levels of military effectiveness that Millett, Murray, and Watman identified: political, strategic, operational, and tactical.

Military effectiveness encompasses the ability of a state to raise, deploy, and sustain an armed military force in support of the political objects of the state; expressly, military effectiveness is the "process by which armed forces convert resources into fighting power."⁵⁶ However, one must not view military effectiveness through the limited lens of tactical warfare, basing effectiveness on winning or

⁵²Jean Le May, "More Than Half of South Africa's Army 'May Have HIV,'" *Independent*, 15 January 2002, <http://news.independent.co.uk/world/africa/article184327.ece> (accessed 3 January 2008).

⁵³Elbe, "HIV/AIDS and the Changing Landscape of War in Africa," 164. These figures are a compendium of the research compiled by Heineken, "Living in Terror;" and United States National Intelligence Office for Economics and Global Issues, "HIV/AIDS Rife in Namibian Defense Forces," *Panafrican News Agency*, 16 February 2001; and Greg Mills, "AIDS and the South African Military: Timeworn Cliché or Timebomb?" *Konrad Adenauer Stiftung Occasional Papers*, June 2000.

⁵⁴De Waal, 1.

⁵⁵Sagala, "HIV/AIDS and the Military in Sub-Saharan Africa," 54.

⁵⁶Millett et al., 37.

losing wars. Rather, military effectiveness must be viewed in a holistic manner, encompassing every level of military activity.⁵⁷

The political effectiveness of an armed force is its ability to “secure the resources required to maintain, expand, and reconstitute itself.”⁵⁸ There are three specific questions one must ask in order to assess the political effectiveness of a military: does the military organization regularly receive sufficient budgetary requirements? Does the military organization have the requisite access to the industrial and technological base of the state? And does the military organization have the needed access to the personnel it requires?⁵⁹

The HIV/AIDS epidemic impacts each of these three dimensions of the political level of military effectiveness. The epidemic requires the state to allocate increasing budgetary resources to healthcare and epidemic-related costs, thereby decreasing the money available to spend on the military.⁶⁰ As the epidemic destroys the work force, it degrades both the industrial and economic might of a state, but it also robs it of its pool of acceptable military servicemen and women.⁶¹

HIV/AIDS generates new political and legal challenges for policy makers in terms of how to deal with this issue in the ranks of the military and how to treat persons living with the virus.⁶² The government and military planners must decide what its policies will be in dealing with the epidemic and the military. The Namibian military decided to exclude people who had tested positive for HIV from its armed forces; this provides a stark example of the struggle over this issue. The Namibian court system found this decision to be unconstitutional, and the Namibian government was forced to reverse the policy

⁵⁷Ibid., 38.

⁵⁸Ibid., 39.

⁵⁹Ibid.

⁶⁰Sagala, “HIV/AIDS and the Military in Sub-Saharan Africa,” 61-62.

⁶¹Laurie Garrett, “The Lessons of HIV/AIDS,” *Foreign Affairs* (July/August 2005), <http://www.foreignaffairs.org/20050701faessay84404/laurie-garrett/the-lessons-of-hiv-aids.htm> (accessed 23 April 2008).

⁶²Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 166.

and admit HIV-positive individuals into its military forces. The HIV/AIDS epidemic strains these three factors of the political dynamic of military effectiveness which causes the tensions between the military and its state to increase, thereby decreasing political effectiveness of the military.⁶³

There is a direct negative effect of HIV/AIDS on the strategic level of military effectiveness, which “refers to the employment of national armed forces to secure by force national goals defined by political leadership.”⁶⁴ The most direct impact of the epidemic is on the force structure of the armed forces and its ability to meet the requirements of the national security policy goals. Healthlink Worldwide estimated that HIV/AIDS “results in the loss of skills in all ranks and loss of institutional memory among long serving soldiers and officers, which may contribute to the decline in military performance and breakdown in discipline.”⁶⁵ HIV/AIDS challenges the force-structure of the armed forces in multiple ways.

First, and foremost, the epidemic “erodes military command structures and cripples organizational capacity by decimating middle- and high-ranking officers.”⁶⁶ Additionally, in order to maintain the service of some of the higher-ranking officers, countries provide retroviral drugs to senior officers but not to lower-ranking soldiers. This may have a detrimental effect on the morale and welfare of the fighting force.⁶⁷ Lastly, the epidemic can have long-term impacts to the force through a loss in educational opportunities for officers. Most of the senior members of African militaries receive their training abroad, however, most countries will deny training to HIV-positive personnel. For example, despite the long-standing relationship between the Zimbabwean military and the People’s Republic of China, over 30 percent of the officers the Zimbabwe National Army sent to China for training were

⁶³Sagala, “HIV/AIDS and the Military in Sub-Saharan Africa,” 62.

⁶⁴Millett et al., 42.

⁶⁵Sagala, “HIV/AIDS and the Military in Sub-Saharan Africa,” 63.

⁶⁶Ibid.

⁶⁷Garrett.

expelled due to positive HIV test results.⁶⁸ This affects not only the level of professional training senior leaders will obtain, also, it has the ability to negatively affect the personal and professional relationships between both militaries and the states.

HIV/AIDS affects the decisions that the national leadership of a military must make. Specifically, an armed force must deal with three specific issues when confronted with high HIV prevalence rates: (1) eventually a decrease in the available conscription pool available from the national population from which to recruit, (2) deaths or serious illnesses among the senior leadership of the military, and (3) the “loss of highly specialized and technically trained staff who cannot be easily or quickly replaced.”⁶⁹ These issues take time, effort, and resources away from the primary task of supporting the national security strategy of the country.

The impact of HIV/AIDS on the militaries “is unlikely to prevent militaries from engaging in combat activities altogether, they are beginning to take a toll on operational efficiency.”⁷⁰ Several have documented the inability of the South African military to deploy forces, specifically, “the South African Defense Force could deploy only one operational brigade of 3,000 out of 76,000 Soldiers.”⁷¹ While no one offers a causal explanation of this phenomenon, it is not a tremendous logical leap to conclude that the HIV/AIDS pandemic had a hand in this failure.

HIV/AIDS impacts the military in two key ways that lead one to deduce that HIV/AIDS, at the very least, indirectly, if not directly, contributed to South Africa’s deployment issues. The first point of discussion is force preparation, particularly, on the education, training, and development of South African officers highlights this issue. On average in the South African Army, “it takes an army officer between 5-7 years (age 23-25) before he/she can be promoted to captain, 8-11 years (age 25-30) to major, 12-15

⁶⁸Ibid.

⁶⁹Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 165.

⁷⁰Ibid., 166.

⁷¹Heinecken, “Living in Terror.”

years (age 30-35) to lieutenant colonel and 16-19 years (age 35-40 and higher) to the rank of colonel.”⁷² Additionally, the 23 to 32 year-old age group is the demographic most affected by HIV/AIDS in the South African National Defence Force (SANDF) with close to 50 percent of the 25 to 29 year-olds infected. This is key for two reasons: first, this young adult age population “provides the largest number of operationally deployable members,” and, second, members of this age group, both officers and noncommissioned officers, typically “perform highly skilled, supervisory, and management functions.”⁷³

This high prevalence rate has tremendous effect; the military organization is unable to maintain sufficient numbers of deployable, trained, qualified, and experienced mid-grade officers and noncommissioned officers. This leads to “a hollowing out of the organization at the level of middle management.”⁷⁴ The loss of middle management is especially troubling for a military organization because, unlike the private business sector, middle management cannot be recruited off the street. The military must recruit and train a greater number of lower-level officers in order to grow the next generation of middle management. This process takes time, money, and manpower; each of these resources is in simultaneous competition for defense budget monies for new equipment and operational deployments.

Focus of the operational level effects of HIV/AIDS centers on the psychological impact of the epidemic on the fighting force. While it is no surprise that HIV/AIDS shrinks the eligible pool of military-age recruits, this argument fits better under the strategic level of effectiveness given that it is a national issue for the military and the state government to resolve. A myriad of psychological problems that affect soldiers and officers individually are associated with HIV/AIDS, specifically depression, frustration, stress, and cognitive dissonance.⁷⁵ HIV/AIDS impedes the organizational effectiveness and

⁷²Ibid.

⁷³Heinecken, “Living in Terror.”

⁷⁴Ibid.

⁷⁵Ibid.

successful accomplishment of tasks because of the stressors felt by individuals in the unit. With this mounting frustration, soldiers may become reckless, discipline may breakdown, or soldiers may become risk adverse.⁷⁶

These same concerns could be discussed as an issue under “force sustainment;” force sustainment as the “ability of armed forces to clothe, feed, and support soldiers during the course of their duties” and is one of the most pressing concern for the South African National Defence Forces.⁷⁷ As the government channels more of its defense budget to health care costs, operational requirements must suffer unless the government appropriates more of its entire budget to defense. However, the effects that HIV/AIDS inflicts on society as a whole, specifically spiraling health care costs and a decrease in a country’s gross domestic product (GDP), negatively impact the government’s ability to meet all of its economic requirements.

The tactical level of military effectiveness is the actual ability of the military to successfully conduct operations. The militaries of southern Africa have tremendous issues at the tactical level. Not only is unit cohesiveness adversely affected by the psychological strain the epidemic imposes, but the ability of the militaries to conduct missions is impaired due to the loss of highly trained individuals: senior officers, skilled logisticians, and skilled military intelligence personnel.⁷⁸

Additionally, HIV/AIDS hinders the ability of soldiers to carry out their required tasks. Absenteeism rises from soldiers who are sick or no longer able to serve; the remaining soldiers must shoulder more of the workload, and as a result, they are demoralized. Additionally, their demoralization is exacerbated by the emotional impact of watching friends and peers die at the hand of AIDS, by their own

⁷⁶Sagala, “HIV/AIDS and the Military in Sub-Saharan Africa,” 64.

⁷⁷Heinecken, “Living in Terror.”

⁷⁸Dominique Moran, “HIV/AIDS, Governance and Development: The Public Administration Factor,” *Public Administration Development* 24 (February 2004): 17, <http://proquest.umi.com/pqdweb?index=2&did=651210001&SrchMode=1&sid=7&Fmt=10&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1207182425&clientId=5094> (accessed 24 March 2008).

fears of contracting the disease through shared sexual partners, at the thought of caring for their sick friends, or, lastly, through concern for their military and their unit's future in light of AIDS-related issues.⁷⁹

Other, health-related issues also exist in a HIV/AIDS-invested environment, expressly individual physical endurance and susceptibility to infection. As AIDS weakens the immune system, affecting almost every organ in the body, it negatively impacts the pulmonary system decreasing the endurance and capacity for work in the infected individuals.⁸⁰ Additionally, as AIDS weakens the immune system, it increases the incidence rate of opportunistic infections, which may further weaken the infected persons.⁸¹ These medical issues will negatively impact not only the infected soldiers, but they will negatively impact the unit, its readiness, and place undue burdens on the medical health care system as a whole.

While there are many concerns of the effects of HIV/AIDS on all levels of military effectiveness, the effect of high prevalence rates of HIV/AIDS “on the strategic capabilities of militaries is complex.”⁸² To wit, the effects of HIV/AIDS are not without discussion to the contrary. First, the security implications of HIV/AIDS may be less than many believe because of the assumption that HIV-positive soldiers will contract AIDS while on active duty, thereby prohibiting them from completing their military duties. This assumption may be false because many nations that rely on conscription to provide the bulk of their military forces see people complete their service requirements by the time that AIDS symptoms develop.⁸³

⁷⁹Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 165.

⁸⁰Feldman, “Problems Plaguing the African Union Peacekeeping Forces,” 16.

⁸¹C. B. Holmes, E. Losina, R. P. Walensky, Y. Yazdanpanah, and K. A. Freedberg, “Review of Human Immunodeficiency Virus Type 1-Related Opportunistic Infections in Sub-Saharan Africa,” *Clinical Infectious Diseases* 36, no. 5 (2003): 656-662.

⁸²Harley Feldbaum, Kelley Lee, and Preeti Patel, “The National Security Implications of HIV/AIDS,” 13 June 2006, <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0030171&ct=1> (accessed 12 February 2008).

⁸³Whiteside et al., 202.

An alternative to the viewpoint that the HIV/AIDS epidemic will worsen the national, regional, and international security environments that currently exist contends that, “higher rates of HIV among militaries could have a beneficial strategic effect by constraining ‘offensive military plans in bellicose countries.’”⁸⁴ This is possible because the decreased operational capability of the military will require nations “to turn to non-military means to resolve conflicts and promote their interests.”⁸⁵ However, there is an inability to cite evidence or data to support the contention that the epidemic has or will prohibit nations from using military means or even inspire nations to use non-military means to reach national security ends. Unfortunately--or fortunately depending on your point of view--these discussions and arguments are merely academic at this point with no empirical data to support either side of the discussion.

Regardless of the level of military activity one investigates, the HIV/AIDS epidemic devastates the effectiveness of state’s armed forces. Not only does it tear apart the tactical effectiveness of units, but also it presents massive political obstacles to the state. Due to the encompassing nature of the epidemic, however, the state finds itself less and less capable of overcoming the negative affects of the epidemic.

HIV/AIDS as a Security Threat to Southern Africa

Not only does the HIV/AIDS pandemic present dire social and military consequence for a state, the epidemic also poses multiple regional and international threats to the global security environment. During an international conference on HIV/AIDS in 2002, Dr. Peter Piot, the Executive Director of UNAIDS and Under Secretary-General of the UN, stated, “AIDS is starting to destabilize entire nations in Africa. A destabilized part of the world, however far away it may be from where you are, is having an impact on your own country.”⁸⁶ This section will discuss the ramifications of discussing HIV/AIDS as a

⁸⁴Feldbaum et al., “The National Security Implications of HIV/AIDS.”

⁸⁵Ibid.

⁸⁶Chris Gray, “Widespread Infection from AIDS Virus Threatens to Destabilize Africa Nations,” *The Independent*, 8 July 2002, <http://news.independent.co.uk/world/africa/article183298.ece> (accessed 3 January 2008).

security issue. Next, this section will highlight the national security threats that HIV/AIDS poses and how that affects the regional stability of southern Africa. After laying the groundwork for the threat to regional security, this paper will discuss the international implications to the global security environment.

HIV/AIDS and the Framework of Security Studies

While there has been much written on HIV/AIDS from a medical standpoint, little has been written that situates the pandemic within the framework of the global security environment. Additionally, scholars have written of the effects of national security issues on public health, specifically resulting from Operation Iraqi Freedom and the Israeli-Palestinian conflict.⁸⁷ However, in a recent article published online in the Public Library of Science Medical Journal, Harley Feldbaum and others from the Centre on Global Change and Health in London argue, “the benefits and dangers of justifying efforts to address the pandemic in terms of its impact on national security are underappreciated.”⁸⁸ This underappreciation of public health issues within the framework of security studies leads to a failure of policy makers to incorporate “the ways public health affects national security interests.”⁸⁹ Interestingly enough, although the NSS of the U.S. mentions the HIV/AIDS pandemic and at least four United Nations Security Council (UNSC) meetings have debated the effects of the epidemic, there is a dearth of scholarly effort on this issue.

The basic question this paper must now ask prior to continuing on, with HIV/AIDS in the throws of its third decade of rampage, is: “Should the global AIDS pandemic be framed as an international security issue?”⁹⁰ Much of the literature surrounding the HIV/AIDS pandemic has either stopped short of addressing the epidemic as a security issue or has failed to address the ramifications of framing this

⁸⁷Feldbaum et al., “The National Security Implications of HIV/AIDS.”

⁸⁸Ibid.

⁸⁹Ibid.

⁹⁰Stefan Elbe, “Should HIV/AIDS be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security,” *International Studies Quarterly* 50 (2006): 119.

matter in terms of human, national, and international security. Prior to addressing the empirical relationships of HIV/AIDS as a security crisis, it is necessary to look briefly at the “theoretical, normative, and scholastic implications” of securitizing the epidemic and at the question of whether the international community should securitize AIDS or see if there is another way to frame the issue.⁹¹

For the greater part of the first two decades of the global HIV/AIDS epidemic, the international community characterized the disease “primarily as a public health and development issue.”⁹² In 2000, then Vice President of the United States, Al Gore, in a meeting of the UNSC focused on the epidemic announced, “we clearly face a security threat of the greatest magnitude.”⁹³ As such, the AIDS epidemic stands in a growing line of wider-ranging social issues that the international community is beginning to discuss within the framework of human, national, and international security. Of note, however, the Clinton administration, in 2000, “invoked national security justifications for other non-military purposes, such as granting China ‘normal’ trading.”⁹⁴ This justification was also used by the Eisenhower administration as it sought to promote the National System of Interstate and Defense Highways.⁹⁵

While the language used to identify AIDS as a security issue has changed, the scholarship efforts concerning the securitization of the epidemic have largely relied on the empirical assessments concerning the security implications of HIV/AIDS. This debate must be widened away from the empirical grounds of the discussion “because recent attempts to bring the language an analytic apparatus of international security to bear on the global AIDS pandemic raise equally important normative questions about the long-

⁹¹Ibid., 121.

⁹²Ibid.

⁹³Olive Shisana, Nompumelelo Zungu-Dirwayi, and W. Shisana, “AIDS a Threat to Human Security,” In *Global Health Challenges for Human Security*, eds., Lincoln Chen, J. Leaning, and V. Narasimhan (Cambridge: Harvard University Press), 141.

⁹⁴Elbe, “Should HIV/AIDS be Securitized?,” 121.

⁹⁵Ibid.

term benefits and drawbacks of using such a security framework to respond to the disease.”⁹⁶ The effect of this debate would be to clarify what are and are not issues that should be discussed within the framework of security studies. Thorough and thoughtful debate would enable the scholars and policymakers of the global security environment to address properly issues that fall within their purview as security threats as well as other issues outside of their purview that might be risks or other types of threats.

The first step in the widening of this debate is a discussion of exactly what should to be meant by the international community when it refers to securitization. A method to begin this discussion is to use the analytical framework for the scholastic study of security that Barry Buzan, Ole Waever, and Japp de Wilde proffered in their study, *Security: a New Framework for Analysis*. Their work was published after the Cold War and specifically deals with the increasing trend of framing non-military concerns as security issues. This is an important point of departure for the debate for two reasons: first, engaging the debate in terms that are of use outside of the current effort to securitize AIDS will expand the debate and provide for a greater understanding of the issues; and, second, using their work as a point of departure might highlight issues with their work--published years before the AIDS epidemic reached full prominence--that could lead to further refinement in their theories.⁹⁷

There are two key concepts concerning security that need to be reiterated here prior to moving forward with a discussion of the securitization of HIV/AIDS. First, in response to critics from the traditional school of security studies, this study begins with a traditional understanding of security as a political-military field. From this point of inspiration, the three came to view that security has a distinctive agenda all its own: “survival.”⁹⁸ Specifically, “it is when an issue is presented as posing an existential

⁹⁶Ibid.

⁹⁷Ibid., 122.

⁹⁸Barry Buzan, Ole Waever, and Jaap de Wilde, *Security: A Framework for Analysis* (Boulder, CO: Lynne Rienner Publishers, 1998), 21.

threat to a designated referent object (traditionally, but not necessarily, the state, incorporating government, territory, and society). The special nature of security threats justifies the use of extraordinary measures to handle them.”⁹⁹ In essence, a security issue then can be any issue, regardless of its nature, that someone “claims a need for and a right to treat it by extraordinary means.”¹⁰⁰

The second issue focuses on who is allowed to discuss security and the consequences of that speech. This leads the security studies field to understand, “there are intellectual and political dangers in simply tacking the word *security* onto an ever wider range of issues.”¹⁰¹ The definition of security espoused by Buzan, Waever, and de Wilde, focuses one into posing three questions concerning the securitization of the HIV/AIDS epidemic: (1) Has HIV/AIDS been successfully securitized? (2) Should HIV/AIDS be securitized? and (3) What are the greater scholastic implications for security studies if HIV/AIDS is securitized?¹⁰²

It is alarming to note that four years after former Vice President Gore’s remarks to the UNSC, “not all security scholars and policy-makers have been convinced by these arguments about the security threats posed by HIV/AIDS.”¹⁰³ “Security (as with all politics) ultimately rests neither with the objects nor with the subjects but *among* the subjects;”¹⁰⁴ this is the key to securitization.¹⁰⁵ If not all accept the AIDS pandemic as a security issue--especially those who it most affects--then it has not been successfully

⁹⁹Ibid.

¹⁰⁰Ibid.

¹⁰¹Elbe, “Should HIV/AIDS Be Securitized?,” 120.

¹⁰²Stefan Elbe, “Securitizing AIDS: A Framework for Paralysis? (Lecture, 44th Annual Convention of the International Studies Association, Portland, OR, 28 February 2003), <http://www.stefanelbe.com/resources/ElbeRIPSussex.doc> (accessed 3 March 2008).

¹⁰³Elbe, “Should HIV/AIDS Be Securitized?,” 121.

¹⁰⁴Buzan et al., 25.

¹⁰⁵Elbe, “Securitizing AIDS: A Framework for Paralysis?”

securitized and the debate must now move on to the question of whether or not AIDS should be securitized.¹⁰⁶

It is necessary to investigate the positive and negative implications of securitizing the pandemic. Possible positive impacts include the mobilization of increased resources and national efforts for the epidemic; changes in sexual behavior that could include a decrease in unprotected sex, an older age for first sexual contact, and increased awareness of sexually transmitted diseases; and, specifically--for the U.S.--increased utilization and coordination from the newly-established AFRICOM. Possible negative impacts include issues resulting from the transition of HIV/AIDS-related support from civilian authorities to military authorities, use of new threat-related language that might prove to be counter-productive fighting the epidemic, and negative backlashes towards the individuals and countries that are infected with HIV/AIDS, specifically economic and perceptual repercussions against those with the virus. Unfortunately, there is no clear answer on this issue. "The tradeoffs involved in the specific case of HIV/AIDS between the normative drawbacks and benefits are much more evenly balanced than their [Buzan, Waever, and de Wilde] framework generally envisions."¹⁰⁷ There must be further discussion and expansion of the evaluation criteria for the competing claims initially posited by the Buzan study.

There are alternatives to including HIV/AIDS within the framework of security; specifically the epidemic could be discussed using the perspective of risk. This approach presupposes an inherent difference in the two terms--risk and threat. Unfortunately, while this difference may be self-evident to the military and security communities, it is not so readily apparent to the global community; a quick search of definitions and literature reveals discussions of danger in both. This is unfortunate because a foundation built on a presupposed difference would be in danger of deconstructing itself upon further scrutiny. The perspective of risk makes an important contribution to the theoretical discussion of

¹⁰⁶Ibid.

¹⁰⁷Ibid.

HIV/AIDS and securitization, highlighting “previously overlooked dimensions of the securitization of AIDS.”¹⁰⁸ Unfortunately more study is needed regarding both risk and threats, specifically into the meaning and understanding of both terms within the global community at large and the security community in particular.

As this paper moves forward, it does so with the belief that the HIV/AIDS epidemic constitutes a matter of international security. It is a matter for the security community, not merely because of the catastrophic loss of life it leaves in its wake, although the numbers themselves might justify its inclusion within the framework of international security. Rather, it is, as this paper will show, the threat to the people, militaries, economies, and states of southern Africa and the cascade of effects that require its inclusion in discussions of international security.

HIV/AIDS as a Threat to the Regional Security of Southern Africa

The threat to the regional security of southern Africa begins with the public health and social crises that the HIV/AIDS pandemic triggers and it carries on to the disruption of the very fabric of society in southern Africa. HIV/AIDS brings about these cascading effects because it negatively impacts the economic viability of the infected families, communities, and nations. Ministers from Botswana, at the 14th International AIDS Conference in 2002 reported, “that their country was facing ‘extinction’ because nearly 40 percent of adults were infected.”¹⁰⁹ The acceptance of the epidemic as a security threat to southern Africa is not limited to those directly affected by the epidemic; AIDS “is a direct, cancerous growth on the political, social, and economic security of Africa.”¹¹⁰

¹⁰⁸Stefan Elbe, “Risking Lives: AIDS, Security, and Three Concepts of Risk,” *Security Dialogue* 39, no. 3 (2008): 2, <http://www.stefanelbe.com/resources/ElbeRIPSussex.doc> (accessed 3 March 2008).

¹⁰⁹Liz McGregor, “Botswana Battles against ‘extinction,’” *The Guardian*, 8 July 2002, <http://www.guardian.co.uk/world/2002/jul/08/aids> (accessed 1 March 2008).

¹¹⁰Mark Schoofs, “A New Kind of Crisis: The Security Council Declares AIDS in Africa a Threat to World Stability,” *The Village Voice*, 12 January 2000, <http://www.aegis.org/news/vv/2000/VV000101.html> (accessed 12 March 2008).

Unfortunately, the HIV/AIDS pandemic is “perhaps the least studied, yet also the most feared, potential impact of the disease on security.”¹¹¹ The US National Intelligence Council assessed in 2002 that high prevalence rates of the epidemic could likely cause “significant economic, social, political, and military implications” to increasing numbers of countries around the globe.¹¹² Some academics feel that the HIV/AIDS pandemic represents a “direct national security threat to countries” in sub-Saharan Africa.¹¹³ While there remains, as the UNAIDS update in 2004 pointed out, “a lack of evidence directly linking HIV/AIDS and state instability,” the question remains, “how can governments function, public services operate, agriculture and industry thrive, and law enforcement and militaries maintain security, when they are being stripped of able-bodied and skilled women and men?”¹¹⁴

When the HIV/AIDS pandemic negatively impacts the development of a national government to a great degree, that nation will become less able to meet the needs of its people. This is the essence of the security threat: “The growing destabilization in sub-Saharan Africa, and increasingly in southern Africa, is partly due to the increased stresses on state capacity to deal with the impact of HIV/AIDS.”¹¹⁵ The dramatic death toll that HIV/AIDS exacts on a population “radically compromises the ability of governments to ensure a viable system of internal governance and external security.”¹¹⁶

The security risks are compounded because the nation-state uses the armed forces as the principal means of maintaining security; with the operational capability of that instrument of national power

¹¹¹Feldbaum et al., “The National Security Implications of HIV/AIDS.”

¹¹²David F. Gordon, *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China* (Langley, VA: National Intelligence Council, 2002), 28.

¹¹³Robert L. Ostergard, “Politics in the Hot Zone: AIDS and National Security in Africa,” *Third World Quarterly* 23 no. 2 (2002): 334.

¹¹⁴Peter Piot, “Why AIDS is Exceptional” (Lecture, London School of Economics, 8 February 2005), <http://www.lse.ac.uk/collections/LSEPublicLecturesAndEvents/pdf/20050208-PiotAIDS2.pdf> (accessed 4 January 2008).

¹¹⁵Lindy Heineken, “Facing a Merciless Enemy: HIV/AIDS and the South African Armed Forces,” *Armed Forces and Society* 29, no. 2 (Winter 2003): 282.

¹¹⁶*Ibid.*

negatively affected by the pandemic, the security environment in which that nation exists, locally, regionally, and globally, is at risk. The decreased operational capability of the military due to HIV/AIDS weakens the ability of the nation-state to defend its borders and maintain internal order. It also negatively impacts the ability of the nation to deploy troops outside of its borders for regional and global peacekeeping and peace-enforcement operations. “The high rate of infection in SADC armies . . . calls into question the nature and size of their potential contribution to such a mission.”¹¹⁷ Nations are forced to choose between sending ill-prepared and ill-trained troops into areas of conflict and not participating in operations within the framework of the international community--both the AU and UN.

In addition to the inability of weakened military forces to operate effectively within a national, regional or international context, there are at least four additional threats of the HIV/AIDS pandemic to national and regional security in southern African nations that either impact upon or are exacerbated by the pandemic’s rising prevalence in the militaries of southern African nations.¹¹⁸ The first threat is the strain on medical facilities. In southern Africa, armed conflicts have the potential to exacerbate the requirement for health service in areas where facilities are scarce, poorly equipped, and might be filled already with AIDS patients.¹¹⁹ In other areas of Africa, specifically the Democratic Republic of Congo, rebels have targeted medical facilities for attack in order to discourage the civilian population from supporting or participating in hostilities.¹²⁰ This lack of capacity for proper health care will contribute to the downward spiral of the health care crisis initiated by AIDS and fueled by armed conflict.

¹¹⁷Mills, 68.

¹¹⁸Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 168.

¹¹⁹Oxfam International, *No End in Sight: The Human Tragedy of Conflict in the Democratic Republic of Congo* (London: Oxfam International, 6 August 2001).

¹²⁰Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 172.

The second impact of armed conflict and instability on HIV/AIDS is increased risk of viral transmission within the civilian populace.¹²¹ This increased risk of transmission is a result of the increased demographic disruptions, most commonly in the form of increased populations in refugee camps. In the refugee camps, individuals routinely adapt to more risk-prone behavior in order to survive in new surroundings. For example, in refugee camps, many women will trade sex for necessities for themselves and their children such as food, water, money, and firewood.¹²² Additionally, the requirement for women to venture away from their shelters for necessities like water, latrines, and firewood increase their susceptibility to rape, while “others may be pressed into performing sexual favors for self-appointed guards.”¹²³ In 2004, the University of Kenya published one of the first qualitative studies on HIV/AIDS in refugee camps; the study concerned the Kakuma refugee camp in Kenya that was established in 1992 and contains approximately 82,000 refugees from Sudan, Somalia, and Ethiopia.¹²⁴ The study found that, while the majority of individuals knew of HIV/AIDS, no basic precautions were taken at the individual level to prevent it.¹²⁵ Premarital and extramarital sex was common, condoms were not used, and the different nationalities, religions, ethnicities, and languages prevented effective awareness and prevention programs.¹²⁶

¹²¹Ibid.

¹²²Rodger Yeager and Donna Ruscavage, Training Module 7, HIV Prevention in Crisis Settings, *HIV Prevention and Behavior Change in International Military Populations*, March 2001, 45, http://www.certi.org/publications/Manuals/hiv/hiv_prevent-2.PDF (accessed 12 March 2008).

¹²³Judy A. Benjamin, “Conflict, Post-Conflict, and HIV/AIDS--The Gender Connections” (Remarks presented at The World Bank, Washington, DC, 8 March 2001), <http://www.rhrc.org/resources/sti/benjamin.html> (accessed 12 March 2008).

¹²⁴M. Schilperoord, E. Ngugi, P. B. Spiegel, and M. Qassim, “HIV/AIDS Qualitative Research in Kakuma Refugee Camp, Kenya, November/December 2002,” *Int Conf AIDS*, 11-16 July 2004, 15, <http://gateway.nlm.nih.gov/MeetingAbstracts/102278239.html> (accessed 12 March 2008).

¹²⁵Ibid.

¹²⁶Ibid.

The third issue is the intermingling of rural and urban populations.¹²⁷ This intermingling, whether it is a movement from the cities into the countryside or from the rural areas into the city, facilitates the spread of HIV/AIDS. Millicent Obaso presented this correlation at a U.S. Institute for Peace Current Issues Briefing Panel in 2001, citing the doubling of the prevalence rates during the Rwandan conflict during the latter part of the 1990s.¹²⁸ Here again is another correlation between conflict and the increased spread of HIV/AIDS, which will further exacerbate the negative situation that already exists in southern Africa.

The last issue is the inversion of priorities by combatants, non-combatants, and governments when forced to deal with armed conflict.¹²⁹ Armed conflict prohibits them from thinking and dealing with the long-term consequences of a disease when there are more pressing needs to be attended: “the priority for these people . . . is not AIDS. It’s security. When people can die tomorrow from a machete wound, I’m not sure they think much about AIDS, from which they could die in 10 years.”¹³⁰ Not only is this true at the individual level, but it is also applicable at the national level. Sierra Leone provides a prime example of this logic; it is a country that is going through a civil war. The dilemma is on which problem the state government should prioritize, “War’s impact is immediate. AIDS is a silent war.”¹³¹ Both individuals and states re-prioritize efforts in the face of armed conflict, and this undermines the efforts to prevent the spread of HIV, however, the longer that the HIV/AIDS epidemic is ignored in a population, the more widespread and long-lasting the effects of the virus will be on that population.

¹²⁷United States Institute for Peace, Special Report No. 75, *AIDS and Violent Conflict in Africa*, October 2001, <http://www.usip.org/pubs/specialreports/sr75.html> (accessed 4 April 2008).

¹²⁸*Ibid.*

¹²⁹Elbe, “HIV/AIDS and the Changing Landscape of War in Africa,” 173.

¹³⁰Quoted in James C. McKinley, Jr., “Ravaged by War and Massacre, Rwanda Faces Scourge of AIDS,” *New York Times*, 28 May 1998, 1. <http://query.nytimes.com/gst/fullpage.html?res=9E0DEFDE1338F93BA15756C0A96E958260> (accessed 23 February 2008).

¹³¹Simon Robinson, “Battle Ahead,” *Time*, 16 July 2001, 31.

The epidemic is a direct threat to the regional security of southern Africa. The public health crisis of HIV/AIDS triggers social, military, governmental, and economic crises that undermine the stability of the state. If the epidemic is a regional threat to security, the next step this paper must take is to determine the epidemic's affects on international security.

HIV/AIDS as a Threat to International Security

An interesting development to the international security environment concerning HIV/AIDS is the perception that the epidemic fosters in the minds of those abroad. Specifically, the countries of southern Africa provide peacekeeping and peace-enforcement forces to various other countries around the continent and the globe under the auspices of the AU and or the UN. HIV/AIDS is becoming a political issue both for the contributing nations and those receiving the military aid. The Cambodian government placed tremendous blame on the UN Transition Authority in Cambodia for the rise in HIV prevalence in the country, "even though there is no epidemiological data to determine how significant a factor it is in relation to other possible sources of the epidemic."¹³²

An additional complication of HIV/AIDS that serves as an extension of Cambodia's fears is the actual objection of countries to the posting of UN peacekeepers with HIV on their soil. In 2001, Eritrea demanded that the UNSC prevent countries from deploying HIV-positive troops to its border with Ethiopia to conduct peacekeeping operations. This demand was unsuccessful and, ultimately, led to Eritrea's "decision not to sign a Status of Forces Agreement, which outlines the legal framework for practicalities such as the immunity of peacekeepers and their freedom of movement."¹³³ Although HIV/AIDS had not been a priority issue with which peacekeeping forces had to deal, "the issue has to compete with more traditional priorities, such as disarmament, demobilisation and reintegration, as well

¹³²Elbe, "HIV/AIDS and the Changing Landscape of War in Africa," 166.

¹³³Roxanne Bazergan, "HIV Policies and Programmes for Blue Helmets," Occasional Paper 96, November 2004, <http://www.iss.co.za/pubs/papers/96/Paper96.htm> (accessed 23 April 2008).

as other 'soft security' issues, such as human rights. . . . The fluid and diverse nature of troop deployments makes it difficult to design and maintain culturally specific interventions.”¹³⁴

Another development to the international security environment derives from the issue that Mills discussed, the inability of southern African nations to deploy troops. If the southern African nations are unable to provide the troops required for peacekeeping or peace-enforcement operations on the African continent, then the AU will have to look elsewhere for support, either within the Union itself or outside to the UN. This has the potential to change the balance of power within the African continent or throughout the globe as other nations look to make inroads into the continent for access to resources.

The final concern or issue with reference to peacekeeping forces is the possibility that adverse actions by peacekeeping forces on UN missions will negatively affect the willingness of nations to allow peacekeeping forces to operate within their boundaries and the trust that the UN has throughout the developing world.¹³⁵ In fact, the U.S. Ambassador to the UN, Richard Holbrooke argued in 2000, that not testing UN peacekeeping soldiers and deploying troops that could potentially spread the virus would “create almost the greatest irony of all: in the cause of peacekeeping to spread a disease which is killing 10 times as many people as war.”¹³⁶

There is an issue, which HIV testing brings about; if soldiers are tested prior to UN deployments, they could be dismissed from the military. Massive dismissals of troops might lead to the inflammation of discrimination against the HIV-positive and possibly destabilize already fragile economies. In many developing nations, specifically those of southern Africa, military jobs provide the most secure source of income; on average, “each African breadwinner often supports 15 or more dependents.”¹³⁷ This loss of

¹³⁴Ibid.

¹³⁵Feldbaum et al., “The National Security Implications of HIV/AIDS.”

¹³⁶Holbrooke quoted by Mark Schoofs, “A New Kind of Crisis: The Security Council Declares AIDS in Africa a Threat to World Stability,” *The Village Voice*, 12 January 2000, <http://www.aegis.org/news/vv/2000/VV000101.html> (accessed 12 March 2008).

¹³⁷Ibid.

income would prove to be devastatingly fatal to the economic stability of the familial unit in African, especially as they prepare to pay for increased health care and death expenses.

Another interesting issue concerning the epidemic and the militaries of southern Africa is the weaponization of the virus, the use of AIDS as a weapon of mass effects (WME).¹³⁸ Recent reports from the Red Cross documents the use of HIV/AIDS as a psychological and biological weapon of war.¹³⁹ AIDS could be transmitted as a weapon through the rape of a population's women, but it could also be weaponized and spread through both sex workers and infected blood.¹⁴⁰ The weaponization of the virus changes the landscape of the conflict because it impacts the conduct of the military, but it also severely impacts the long-term issues for the population as a result of the war.

HIV/AIDS is a threat to international security. Not only does the virus destabilize the southern African region through multiple layers of effects, the epidemic crosses the state boundaries without bias and creates enormous amounts of international tension, frustration, and security issues. While there may be no direct causation between the epidemic and international instability, the correlation between HIV/AIDS, its effects, and impact of those effects not merely within southern Africa, but within the global community are astounding.

HIV/AIDS and US National Security Policy

It is important to understand how, given the statements of the Clinton administration and Vice-President Gore, the U.S. currently views the pandemic and how that affects what the government does and is able to do concerning the crisis in southern Africa. This section will discuss the characterization of the epidemic in terms of the NSS and then the implications of those characterizations for the U.S.

¹³⁸Elbe, "HIV/AIDS and the Changing Landscape of War in Africa," 167.

¹³⁹Vivienne Nathanson, "Preventing and Limiting Suffering Should Conflict Break Out: The Role of the Medical Profession," *International Review of the Red Cross* (30 September 2000), <http://www.icrc.org/Web/Eng/siteeng0.nsf/html/57JQQ5> (accessed 23 March 2008).

¹⁴⁰Tom Mangold and Jeff Goldberg, *Plague Wars: A True Story of Biological Warfare* (London: Macmillan, 1999), 253.

However the question must be asked--does the U.S. have any national interests in southern Africa that might be endangered by the HIV/AIDS epidemic? The final section will deal with these security interests of the U.S. that are found in and related to southern Africa and how the HIV/AIDS epidemic relates to those imperatives. In order to do so, this section will look at three of the nine national security pillars articulated in the 2006 *NSS* and seek to identify the threats in relationship to those pillars:

1. Champion aspirations for human dignity;
2. Transform America's national security institutions to meet the challenges and opportunities of the 21st century; and
3. Ignite a new era of global economic growth through free markets and free trade.¹⁴¹

US National Interests in Southern Africa

The *NSS* of 2002 brought forth a new maxim in American national security parlance: "America is now threatened less by conquering states than we are by failing ones."¹⁴² "While the role of HIV/AIDS in state failure remains unproven and is likely to be indirect," the perceived connection has brought the nations of southern Africa, among other nations once considered "'peripheral,' to Western security interests" into the forefront of the national security strategy of the U.S.¹⁴³

However, the current *NSS*, published in March 2006, makes little mention of HIV/AIDS and no mention of the pandemic on the section devoted to the "way ahead" in Africa. Specifically, the U.S. touts its \$15 billion PEPFAR and its creation and donation of over \$1.4 billion to the Global Fund to Fight

¹⁴¹The White House, *The National Security Strategy of the United States of America 2006* (Washington, DC: Government Printing Office, 2006), 1, <http://www.whitehouse.gov/nsc/nss/2006/> (accessed 23 April 2008).

¹⁴²The White House, *The National Security Strategy of the United States of America 2002* (Washington, DC: Government Printing Office, 2002), 1, <http://www.whitehouse.gov/nsc/nss/2002/nss1.html> (accessed 23 April 2008).

¹⁴³Feldbaum et al., "The National Security Implications of HIV/AIDS."

HIV/AIDS, Tuberculosis, and Malaria.¹⁴⁴ Additionally, the administration discusses HIV/AIDS again in its section on globalization, as an example of a risk posed by globalization, “Public health challenges like pandemics (HIV/AIDS, avian influenza) that recognize no borders. The risks to social order are so great that traditional public health approaches may be inadequate, necessitating new strategies and responses.”¹⁴⁵ Unfortunately, the *National Military Strategy*, published in 2004, makes no mention of HIV/AIDS; it is yet to be seen whether or not the military strategy that reflects the security strategy of 2006 will incorporate a response to HIV/AIDS.

This lack of clarity regarding national security priorities and issues is nothing new to the U.S., although the national security establishment should have learned voluminous lessons regarding this issue from past occurrences. The joint staff identified and dealt with these same issues during the interwar years prior to the U.S. involvement in World War II.¹⁴⁶ In fact, Stoler’s ominously forebodes the future for AFRICOM planners if the national security establishment does not remedy its strategic documents: “military planners during the interwar years were forced to compose their own definitions of U.S. policies to serve as guidelines in their strategic planning.”¹⁴⁷ At the time, there was no published national security strategy; rather the planners “relied on common knowledge, public statements by high government officials, and their own beliefs regarding the nature of international relations and American society.”¹⁴⁸ While the men and women serving on the planning staffs of AFRICOM are undoubtedly an intelligent group of individuals, the country should, by no means, expect them to derive the policies and national security priorities from what they hear in the news or personally believe.

¹⁴⁴Jennifer Kates and Todd Summers, The Henry J. Kaiser Foundation HIV/AIDS Policy Brief, “U.S. Government Funding for Global HIV/AIDS Through FY 2005,” June 2004, 8, <http://www.kff.org/hiv/aids/7110.cfm> (accessed 4 April 2008).

¹⁴⁵The White House, *The National Security Strategy of the United States of America 2006*, 47.

¹⁴⁶Mark Stoler, *Allies and Adversaries: The Joint Chiefs of Staff, the Grand Alliance, and U.S. Strategy in World War II* (Chapel Hill, NC: University of North Carolina Press, 2003), 3.

¹⁴⁷*Ibid.*

¹⁴⁸*Ibid.*

The PEPFAR is crystal clear on HIV/AIDS: “It is a mistake to think of HIV/AIDS in terms of health alone. It is among the most serious economic development and security threats of our time—one reason why the President and PEPFAR host nations have been addressing it as such a priority.”¹⁴⁹ In fact, the Fiscal Year 2006 U.S. budget included nearly \$3 billion for fighting the global pandemic.¹⁵⁰ Compare this dollar figure to the budget for the DOD in 2006—almost \$420 billion.¹⁵¹ While this paper does not argue that the percentage of the budget that the U.S. allocates for fighting the global HIV/AIDS pandemic should even come close to equaling the money that the U.S. spends on its military, it is productive to compare the two figures. When compared to the words written as the stated positions of the country in the National Security and Military Strategies the relatively low importance that HIV/AIDS holds is self-evident, even though the State Department’s website touts PEPFAR as “the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, comprehensive approach to combating the disease around the world.”¹⁵²

Certainly, if the U.S. looks merely at its stated national security objectives, southern Africa vis-à-vis the threat of the HIV/AIDS epidemic needs to be considered more prominently within the American national security apparatus. The failure to do so means that the U.S. will certainly fail at the three objectives of national security this paper considered. The U.S. cannot argue that it champions human dignity when it stands by and merely allocates money to the HIV/AIDS epidemic. The second and third order effects of the epidemic must be understood in terms of international security rather than as a cause for charity. The economic markets of southern Africa cannot ignite in the economic sense, when the

¹⁴⁹Office of the U.S. Global AIDS Coordinator, 5.

¹⁵⁰Kaiser Daily HIV/AIDS Report, Politics and Policy: Bush FY 2006 Budget Proposal Would Increase Funding for Global HIV/AIDS, Millennium Challenge Corp, http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=28029 (accessed 12 March 2008).

¹⁵¹The White House, Office of Management and Budget, FY06 Budget Priorities, <http://www.whitehouse.gov/omb/budget/fy2006/defense.html> (accessed 1 April 2008).

¹⁵²Office of the U.S. Global AIDS Coordinator, 5.

epidemic destroys the economic potential for the state and destroys the military that safeguards that state and its economy.

HIV/AIDS, Southern Africa and AFRICOM

A preliminary working report to AFRICOM notes that the *NSS* identifies championing aspirations for human dignity as one of the key tasks for the U.S. regarding national security. Specifically, it notes that, “improving the health and preventing the spread of diseases contributes to that national security task and improves the condition of the human capital needed to develop open societies and to build democratic states.”¹⁵³ The report continues by pointing out that two specific areas that require focus are investment in people and providing humanitarian assistance when needed. Specifically, the report provides nine considerations and ten potential roles for the new geographic combatant command. While the specifics are not of the utmost importance, it is of import to understand that the U.S. has the opportunity to champion the aspirations for human dignity amongst the populations that HIV/AIDS has infected.

On 30 May 2007, President George W. Bush announced his intention to work with Congress to reauthorize PEPFAR.¹⁵⁴ The five-year, \$30 billion proposal would be in addition to the U.S. initial \$15 billion commitment made in 2003.¹⁵⁵ Assuming Congress meets the President’s request for Fiscal Year 2008, and with the new \$30 billion proposal, the American people will have committed more than \$48 billion across 10 years to fight HIV/AIDS. While merely allocating money to a problem is not a solution in and of itself, the fact that the U.S. Department of State, USAID, DOD, Department of Commerce, Department of Labor, Department of Health and Human Services, and the Peace Corps all work in

¹⁵³Appendix D, Health and Prevention of Disease, to Preliminary Working Report to AFRICOM, D-1, Electronic documents received by author.

¹⁵⁴Office of the U.S. Global AIDS Coordinator, 12.

¹⁵⁵*Ibid.*

concert with the U.S. Global AIDS Coordinator is comforting.¹⁵⁶ The most troubling aspect of this relation, however, is the fact that the 2006 *NSS* does not consider the HIV/AIDS epidemic to be a matter of national security, although the PEPFAR makes it clear, as discussed earlier, that it is a mistake to consider HIV/AIDS outside the rubric of international security because it has the potential to harm the very fabric of society for multiple generations.

The formation of a new geographic command constitutes a change or transformation in the current national security institutions of the U.S., but, hopefully, the creation of the new command will give rise to discussion of the very nature of security and America's global interests. Recent world events have shown the current U.S. Secretary of Defense, Robert Gates, that lasting peace and security require development of economies, governance, and other non-military institutions. In fact, Secretary Gates recently argued for a "dramatic increase" in the budgetary funding of non-military institutions of the U.S. government.¹⁵⁷ Specifically, he argued, "there is a need for a dramatic increase in spending on the civilian instruments of national security: diplomacy, strategic communications, foreign assistance, civic action and economic reconstruction and development."¹⁵⁸

This transformation, though, will be meaningless unless the national security establishment of the U.S. and the global community engage in a meaningful dialogue on what constitutes security issues. Traditionally, security has been interpreted in militaristic terms and the global security community must debate a broader definition that incorporates non-traditional security issues such as HIV/AIDS.¹⁵⁹ Unfortunately, the 2006 *NSS* stops short of declaring the HIV/AIDS pandemic a security threat, rather the

¹⁵⁶Ibid.

¹⁵⁷Robert Gates, U.S. Secretary of Defense, Speech delivered at the Landon Lecture Series, Kansas State University, Manhattan, KS, 26 November 2007, <http://www.defenselink.mil/speeches/speech.aspx?speechid=1199> (accessed 1 April 2008).

¹⁵⁸Ibid.

¹⁵⁹Pieter Fourie and Martin Schonteich, "Africa's New Security Threat: HIV/AIDS and Human Security in Southern Africa," *African Security Review* 10, no. 4 (2001), <http://www.issafrica.org/pubs/ASR/10No4/Fourie.html> (accessed 23 April 2008).

NSS refers to it as a “public health challenge.”¹⁶⁰ This is unfortunate because this failure has the capability of blurring the debate over what is or is not a security issue. The U.S. national security apparatus, if not the entire global community, ought to debate this issue of what is or is not a security issue and should use words of risk, or security threat, or public health challenge in a conscious manner.

AFRICOM stands in the enviable position of being able to support the NSS as the U.S. seeks to ignite a new era of global economic growth in southern Africa. The HIV/AIDS epidemic continues to endanger the ability of the U.S. government to spur economic growth and free trade in southern Africa. Not only does the spread of the pandemic threaten the viability of the economies of the SADC, which aims to further the social, political, security and economic cooperation among the fifteen member countries, but the pandemic also negatively impacts the access of the U.S. to key economic resources, markets, and enterprises.¹⁶¹ The SADC acknowledged the primacy of the pandemic threat in 2006, “one of the most critical threats to the attainment of the SADC’s social, economic and political objectives is HIV and AIDS. . . . Therefore, HIV and AIDS is accorded priority as a cross-cutting issue in all SADC programmes.”¹⁶² This represents a prime opportunity for AFRICOM to broach new, non-traditional issues as part of their strategic vision in partnership with the whole of U.S. government and international community.

Conclusion

While this paper will stop short of offering a comprehensive solution to this complex problem, imagine that AFRICOM, shortly after its inception in 2007, initiated a comprehensive review of American national security and military strategy as it relates to the AFRICOM geographic area of

¹⁶⁰The White House. *The National Security Strategy of the United States of America 2006*, 47.

¹⁶¹South African Development Community. “Sub-Theme on Combating HIV and AIDS” (Consultative Conference, Windhoek, Namibia, 26-27 April 2006), 3. <http://www.sadc.int/hivandaids/index.cfm> (accessed 3 February 2008).

¹⁶²*Ibid.*

responsibility. This systemic reframing of the environment would have indicated to the commander two key issues: first, that both the National Security and Military Strategies do not provide sufficient guidance to the geographic commander responsible for the African continent; and second, that the issues facing the militaries and civilian governments of Africa are complex and may not lend themselves to identification as traditional security threats to the U.S. This reframing would have enabled the commander to commence a two-pronged approach to the problem. First, the commander would have been able to engage the Secretaries of Defense and State, as well as the President and the entire national security community of the U.S., on proper identification and engagement of security threats--traditional and non-traditional. Next, the commander would have been able to engage the militaries and civilian governments of the African continent in a way as to lay the foundation for effective military operations in support of the objectives of the sovereign states of Africa.

Although there has been much discussion amongst the security community, there is still no consensus as to what should be considered within the framework of security studies, the HIV/AIDS epidemic presents dire consequences for the military, the state, and the international community. Prior to the terrorist attacks of 9/11, the international community was on the path to recognizing the epidemic as a threat to international security.¹⁶³ However, it is even more important to recognize it as such now. The HIV/AIDS epidemic directly impacts the security of southern Africa through its threat to adversely impact the effectiveness of the militaries to conduct operations, through its impact on the economies of the region, and through its massive toll on the human capital of the region. This regional threat to security spills over into the international environment because of the increasing interconnectedness of economies, governments, and military forces.

Now, returning to the vignette, with which this paper opened, asking the reader to imagine that conflict that erupted in Zimbabwe. The President of Zimbabwe confidently turns to the military to keep

¹⁶³Piot.

the peace. The military, even though it still suffers from high prevalence rates, is able to effectively mobilize, deploy, and operate within the boundaries of the state to keep the peace. Its army is trained in peacekeeping operations; it understands the capabilities and limitations of a fighting force operating with infected soldiers, and its leaders—military and civilian—have allocated resources properly to adjudicate the effects of the epidemic on its military. This is due to the systemic program and nation building and foreign internal defense that AFRICOM initiated shortly after its activation as a geographic combatant command.

AFRICOM understood that there could be second and third order effects of the high prevalence rates within the militaries of southern Africa, and took action to stabilize the effectiveness of those militaries. This understanding arose from a new level of awareness of the negative impacts of the HIV/AIDS epidemic on the effectiveness of the militaries operating within its geographic area of responsibility. As a result of the investment at the tactical, operational, strategic, and political levels of military effectiveness, AFRICOM laid a viable foundation for effectiveness that mitigated the effects of HIV/AIDS.

If the command had not acted, the conflict would have raged on--another in a seemingly endless array of national conflicts on the African continent. This would have necessitated the intervention of the AU. The AU would have looked to South Africa, as a regional neighbor and military power to lead the peacekeeping mission. If the conflict raged out of the control of the Zimbabwean military, and South Africa was asked to lead the peacekeeping effort, then South Africa would have been able to rise to the occasion and mobilize, deploy, and keep the peace within the borders of one of its neighboring countries.

It is imperative that the U.S. considers the HIV/AIDS epidemic as a threat to its national security. While the *NSS* does not specifically address the HIV/AIDS epidemic as a national security threat, the pandemic relates directly to at least three pillars of the U.S. *NSS*: Champion aspirations for human

dignity; Transform America's national security institutions to meet the challenges and opportunities of the 21st century; and ignite a new era of global economic growth through free markets and free trade.¹⁶⁴

AFRICOM stands at an important crossroads of history and opportunity in the transformation of the American national security institutions. Not only must the U.S. decide on AFRICOM's role in national security, AFRICOM's role in determining what constitutes a security threat in its area of operations is unparalleled in recent history. By addressing the HIV/AIDS epidemic in southern Africa as a national security threat and not merely a health issue, the U.S. will support the enhanced regional security of an endangered portion of the globe and ensure the international community's continued security from the effects.

¹⁶⁴The White House, *The National Security Strategy of the United States of America 2006*, 1.

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